

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF PA		PROOF OF CLAIM
Name of Debtor: JAMES CONWAY		Case Number: 08-13403 ELF
<i>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Discover Financial Services c/o AMO Recoveries		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ <i>(if known)</i> Filed on: _____
Name and address where notices should be sent: Discover Financial Services c/o AMO Recoveries PO Box 926100, Norcross, GA 30010-6200 Telephone number: _____		
Name and address where payment should be sent (if different from above): Telephone number: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input checked="" type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ <u>6,035.78</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		
2. Basis for Claim: <u>Schedule F</u> <i>(See instruction #2 on reverse side.)</i>		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5) <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____) Amount entitled to priority: \$ _____
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ <i>(See instruction #3a on reverse side.)</i>		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate: _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. <i>(See instruction 7 and definition of "redacted" on reverse side.)</i> DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____		
Date: <u>08/02/2010</u> Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number (if different from the notice address above. Attach copy of power of attorney, if any. <u>/s/ Terry P Dorshaw, Chapter 7 Trustee, PO Box 556, Warminster, PA 18974-0632 215.322.8800</u>		FOR COURT USE ONLY

DISCOVER

New Balance
\$0.00

Minimum Payment Due
\$1,015.00

Enter Amount Enclosed Below

Payment Due Date
October 29, 2006

\$

23 SDSN6491 C01E33C
CONWAY, JAMES
3418 HARTVILLE ST
PHILADELPHIA PA 19134-1113

Text APP to DISCOVER to receive a link to our
free mobile app and pay your bill in seconds
from anywhere!

PO BOX 6103
CAROL STREAM IL 60197-6103

Address, email or telephone change? Print change in space
above, or go to Discover.com. Print your email address to
receive important Account information and special offers.

0000019864546613693690000000000000101500

Discover Platinum Card Account Summary

Account number ending in	2241	Closing Date: September 29, 2006	page 1 of 1
Payment Due Date	October 29, 2006	Previous Balance	\$6,035.78
Minimum Payment Due	\$1,015.00	Payments And Credits	6,035.78
Credit Limit	\$9,000.00	Purchases	0.00
Credit Available	\$0.00	Cash Advances	0.00
Cash Credit Limit	\$1,500.00	Balance Transfers	0.00
Cash Credit Available	\$0.00	Finance Charges	0.00
		New Balance	\$0.00

Cashback Bonus*

Opening Cashback Bonus Balance	\$ 0.00
New Cashback Bonus This Period	0.00
Cashback Bonus Balance	\$ 0.00

Cashback Bonus Anniversary
Month: March

How Can We Help You? It's your choice - 3 ways to help

Please have your Discover Card available.

For TDD (assistance for hearing impaired) see reverse side

1. Visit Discover.com to pay your bill for no cost, view your latest Account information, earn and redeem rewards and more.
2. Call 1-800-DISCOVER (347-2633) for fast, easy self-service options or to speak with a Customer Service Account Manager.
3. Write us at Discover Card, PO Box 30943, Salt Lake City, UT 84130.

Transactions

\$0 Fraud Liability Guarantee. Use your Discover Card with confidence.

Trans. Date	Post Date		
Payments and Credits	Sep 30	INTERNAL CHARGE-OFF	\$ -6,035.78

Finance Charge Summary

	Average Daily Balance	Daily Periodic Rate	Normal Annual Percentage Rate	Annual Percentage Rate	Periodic Finance Charges	Transaction Fee Finance Charges
Purchases	\$0	0.06162%	22.49% V	22.49%	\$0	\$0
Cash Advances	\$0	0.03751%	20.97% F	20.97%	\$0	\$0

The rates that apply to your Account are either fixed (F) or they may vary (V) as noted above.

Minimum Payment Due
\$894.00

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Account Number ending in 2244
Enter Amount Enclosed Below

Payment Due Date
October 15, 2008

Please make check payable to Discover Platinum Card. You are overlimit. Pay the sum of the monthly minimum payment plus the overlimit amount of \$35.78

Text APP to DISCOV[®] to receive a link to our free mobile app and pay your bill in seconds from anywhere!

15 20246406 0014:29

CONWAY, JAMES
3418 HARTVILLE ST
PHILADELPHIA PA 19134-1113

PO BOX 71084 Mmmmmmmmmmm
CHARLOTTE NC 28272-1084
Llllllllllllssssssllllllllllllllllllllllll

Address, e-mail or telephone charge *Print* charge in space above, or go to Discover.com Print your e-mail address to receive important Account information and special offers.

00000198645266136736906035780000000000A9400

Discover Platinum Card Account Summary

Closing Date: September 16, 2006 page 1 of 2

page 1 of 2

Account number ending in	2244	Previous Balance	\$5,889.25
Payment Due Date	October 15, 2006	Payments And Credits	0.00
Minimum Payment Due	\$694.00	Purchases	+ 39.00
Credit Limit	\$6,000.00	Cash Advances	+ 0.00
Credit Available	10.00	Balance Transfer	+ 0.00
Cash Credit Limit	\$1,500.00	Finance Charges	+ 107.53
Cash Credit Available	10.00	New Balance	= \$6,035.78

You may be able to avoid Periodic Payment Charges, see the reverse side for details.

Cashback Bonus*

Opening Cashback Bonus Balance	\$	0.00
New Cashback Bonus This Period	+	0.00
Cashback Bonus Balance	\$	0.00

Cashback Bonds Anniversary
Month: March

How Can We Help You?

It's your choice - 3 ways to help

Please have your Discover Card available.

For ICD (assistance for heating impaired) see reverse side

1. Visit Discover.com to pay your bill for no cost, view your latest Account information, earn and redeem rewards and more.
2. Call 1-800-DISCOVER (347-2623) for fast, easy self-service options or to speak with a Customer Service Account Manager.
3. Write us at Discover Card, PO Box 30643, Salt Lake City, UT 84130.

Transactions

\$0 Fraud Liability Guarantee Use your Discover Card with confidence.

	Trans. Date	Post Date		
Other/Miscellaneous	Sep 16	Sep 16	LATE FEE	\$ 38.00

Information For You

The address provided in your Cardmember Agreement to request a beneficiary designation form for your Scheduled Air Travel Accident Insurance has changed. The new address is AIG Accident & Health Division, 300 South Riverside Plaza, Suite 2100, Chicago, Illinois 60606-6613.

While we are permitted under the Cardmember Agreement to increase the APRs on your Account because your payment was late, we have chosen not to do so at this time. We have terminated, however, any introductory or promotional rate on purchases and any special balance transfer rate, and applied the standard APR for purchases to your outstanding balance of purchases and balance transfers. However, we reserve the right to increase the APRs on your Account if you fail to pay the minimum payment due by the payment due date. See the Default Rate Plan section of the Cardmember Agreement for details.

Free confidently. Your Discover® Card has you covered with Complete Fraud Protection for your peace of mind. With our advanced fraud warnings, we'll call you right away if there's unusual activity on your account. And if someone makes fraudulent charges with your card, our \$0 fraud liability guarantee means you're not responsible.

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UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF PENNSYLVANIA

In Re:
James Conway

Debtor(s)

Case No. 08-13403
Chapter 7

AFFIDAVIT OF CREDITOR
REGARDING OWNERSHIP OF ACCOUNT(S)

State of Ohio

County of Franklin

I, Richard Springer, am the Bankruptcy Department Manager for DB Servicing Corporation, a servicing affiliate of Discover Bank, after being first duly sworn upon oath, states as follows:

1. Discover Bank did not file a proof of claim in the matter because we did not receive a notice of assets in the case.
2. As a result, the trustee in the case filed a proof of claim in the name of Discover Financial Services instead of Discover Bank.
3. That Discover Bank, f/k/a Greenwood Trust Company, and is a FDIC-insured Delaware State bank, and its service affiliate DB Servicing Corporation, extends credit through issuance of the Discover Card. As the servicing affiliate, DB Servicing Corporation performs a variety of Services for Discover Bank including, among other things, marketing, application approval, transaction approval, customer service, security, billing and the collection of delinquent accounts. Both DB Servicing Corporation and Discover Bank are both wholly owned subsidiaries of Discover Financial Services.
4. My name, address and telephone number are as follows:

Richard Springer
Department Manager
DB Servicing Corporation
PO Box 3025
New Albany, OH 43054-3025
(614) 233-1090

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief.

Richard Springer
DB Servicing Corporation
PO Box 3025
New Albany, OH 43054-3025

Date 03/29/12

ACKNOWLEDGMENT

STATE OF Ohio

COUNTY OF Franklin

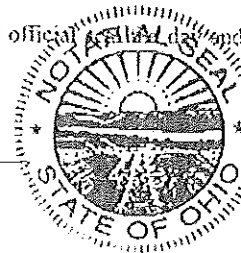
Before me a Notary Public, in and for said County and State on this 29th day of March, 2012, personally appeared Richard Springer known to me to be the identical person who subscribed his/her name to the foregoing instrument as its Dept Manager, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed of such corporation, for the purposes therein set forth.

In Witness Whereof, I have hereunto set my official signature and affixed my official seal and day and year first above written.

My Commission Expires:

11-16-15

Lori Deely
Notary Public



LORI DEELY
Notary Public
In and for the State of Ohio
My Commission Expires
Nov. 16, 2015